

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

Page 1

NAME: COS SAMOA PACKING CO

ADDRESS: P.O. BOX 957
PAGO PAGO, AS 96799

FACILITY: COS SAMOA TUNA CANNERY

LOCATION: P.O. BOX 957
PAGO PAGO, AS 96799

ATTN:MR. HERMAN GEBAUER

AS0000027

PERMIT NUMBER

001A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 96799

MAJOR

DISCHARGE 001/MONTHLY

External Outfall

FROM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
06	12	01		06	12	31

TO

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****		*****						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	90 30DA AVG	95 DAILY MX	deg F		Continuous	CONTIN
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				*****	*****	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	*****	*****			Monthly	COMPOS
pH	SAMPLE MEASUREMENT	*****	*****			*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM	*****	8.6 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT				*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2376 MO AVG	5976 DAILY MX	lb/d	*****	*****	*****			Weekly	COMPOS
Nitrogen, total (as N)	SAMPLE MEASUREMENT				*****	*****	*****				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	800 MO AVG	1935 DAILY MX	lb/d	*****	*****	*****			Monthly	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	*****					
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	133 DAILY MX	mg/L		Weekly	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT				*****	*****	*****				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	208 MO AVG	271 DAILY MX	lb/d	*****	*****	*****			Monthly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

Page 2

NAME: COS SAMOA PACKING CO
ADDRESS: P.O. BOX 957
PAGO PAGO, AS 96799
FACILITY: COS SAMOA TUNA CANNERY
LOCATION: P.O. BOX 957
PAGO PAGO, AS 96799
ATTN:MR. HERMAN GEBAUER

AS0000027
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 96799
MAJOR

DISCHARGE 001/MONTHLY
External Outfall

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
06	12	01		06	12	31	

FROM

TO

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****		*****						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1545 30DA AVG	1770 DAILY MX	ug/L		Monthly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****		*****						
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	66 30DA AVG	108 DAILY MX	ug/L		Monthly	COMPOS
Oil and grease	SAMPLE MEASUREMENT				*****	*****	*****				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	605 MO AVG	1512 DAILY MX	lb/d	*****	*****	*****			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Continuous	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		AREA Code	NUMBER	YEAR	MO	DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)